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Name (print) Office (if applicable)	District (if applicable)
1900 Richmond Road Cleveland, OH 44124 Mailing Address (include city and zip code)	216.291.7653 Telephone No.
maryellen.skeya@trw.com	ratephone No.
E-Mail Address	3 PAC 16
Select Appropriate Box(es) ☐ CANDIDATE X PAC ☐ BAG	POL PRTY IND EXP AMENDED
Report #1 — Due August 27, 2002	2002 2002 002 FILED
Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2 Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2	2002
Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 20	002 DEATO FILED
BAGs only: Period: Dec. 7, 2000 – Aug 22, 200	J2 \
Report #2 Due — October 29, 2002	AUG 2 6 2002
Period: Aug. 23, 2002 — Oct. 24, 2002	Secretary of State
Report #3 Due — January 15, 2003	
Period: Oct. 25, 2002 — Jan. 3, 2003 BAGs only: Period: Oct. 25, 2002 – Dec. 5, 2002	FOR OFFICE USE ONLY
BALANCE	
This figure should reflect the balance shown on your last Disp	position of
Unspent Contributions Report, or last Contributions & Expense	
CONTRIBUTIONS SU "Contribution" means a gift, loan, conveyance, depos of money or anything of value other than the services of	sit, payment, transfer or distribution
 Total amount of monetary contributions in excess of \$100 	0
2. Total amount of monetary contributions of \$100 or less	<u> </u>
Actual number of monetary contributions of \$100 or less _	0
Interest and income earned on contributions, if any	0
4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add	d lines 1 through 3)0
5. Total amount of In Kind Contributions	0
EXPENSES SUM	MARY
6. Total amount of monetary expenses in excess of \$100	0
	0
Total amount of monetary expenses of \$100 or less	
7. Total amount of monetary expenses of \$100 or less8. Expense for filing fee	0
8. Expense for filing fee	ines 6 through 8)
8. Expense for filing fee 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lin Remaining Balance (Sub 10. Total amount of In Kind Expenses	otract line 9 from 4) O O
8. Expense for filing fee 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add line) Remaining Balance (Subton Total amount of In Kind Expenses AFFIRMATI	otract line 9 from 4) O O
8. Expense for filing fee 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lin Remaining Balance (Sub 10. Total amount of In Kind Expenses	otract line 9 from 4) O O O O O O O O O O O O O

Revised: MAR-02